

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**Phone #:** (608) 267-0592  
**Phone #** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dspssbmanfhomes@wi.gov](mailto:dspssbmanfhomes@wi.gov)  
**Website:** <http://dps.wi.gov>

## MANUFACTURED HOME COMMUNITY LICENSE APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

- Fill in application completely, sign, and date.
- Make check or money order payable to: **State of WI - DSPS**
- Mail application and check to the above address.
- Definitions: **Manufactured Home Community** - Any plot or plots of ground upon which 3 or more manufactured home units, occupied for dwelling or sleeping purposes, are located, regardless of whether or not a charge is made for such accommodations.  
**Owner** - Person, state or local government. "Person" includes individuals, partnerships, firms, companies or corporations.

### PLEASE TYPE OR PRINT

This is for: <input type="radio"/> Newly Licensed Community <input type="radio"/> Expansion <input type="radio"/> Change in Ownership <input type="radio"/> Other			
Name of Manufactured Home Community		Name of Community Owner	
Community ID Number		<input type="checkbox"/> FEIN or <input type="checkbox"/> SSN (Please check one)	
Street Address**		Street Address	
P.O. Box No.		P.O. Box No.	
City/State/Zip		City/State/Zip	
Phone No. ( )	County	Phone No. ( )	
Number of Manufactured Home Sites		Name of Former Owner (if applicable)	
**If Manufactured home community address above does not include a specific street number, furnish directions to your community location, including highway numbers or letters and distances:			
Water Source <input type="radio"/> Public <input type="radio"/> Private		Septic Source <input type="radio"/> Public <input type="radio"/> Private	
Presently Licensed <input type="radio"/> Yes <input type="radio"/> No If Yes, year licensed:			
Licensed by <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City <input type="radio"/> County <input type="radio"/> State			
Inspected by Licensing Agency <input type="radio"/> Yes <input type="radio"/> No If Yes, agency name and year inspected:			
Number of Sites Locally Licensed		Annual Local Fee	
<b>Required Fees (Comm 2.33): Check the fee that applies</b>			
<b>No. of Manuf. Home Sites – New or Added</b>	<b>For a Newly Licensed Community (Plan Review plus License)</b>	<b>For an Expanded Community (Plan Review plus Revised License)</b>	<b>For an Existing Community (License Renewal)</b>
1- 20	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$290.00	<input type="checkbox"/> \$250.00
21 - 50	<input type="checkbox"/> \$900.00	<input type="checkbox"/> \$490.00	<input type="checkbox"/> \$450.00
51 - 100	<input type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$740.00	<input type="checkbox"/> \$700.00
101 – 175	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$940.00	<input type="checkbox"/> \$900.00
176 +	<input type="checkbox"/> \$2,000.00	<input type="checkbox"/> \$1040.00	<input type="checkbox"/> \$1000.00
<input type="checkbox"/> <b>Permit revision fee: \$40</b>			

Printed Owner or Agency Representative Name

X \_\_\_\_\_  
Signature of Owner or Agency Representative Title Date